

BEST AVAILABLE COPY

FORM IRP-9, 10-3-55 FORMERLY FORMS IRP-3, 5, & 8		DEPARTMENT OF STATE REFUGEE RELIEF PROGRAM LEAD SHEET		CLASSIFICATION <div style="text-align: center;">unclassified</div>	
FROM: IRP/ <u>Stuttgart</u>				DATE <u>5 Dec 55</u>	
TO: <input checked="" type="checkbox"/> IRP/Washington		ACTION REQUESTED <input checked="" type="checkbox"/> U.S. FILE CHECK <input type="checkbox"/> No. 307 <input type="checkbox"/> BY (CHINESE) <input type="checkbox"/> U.S. RESIDENCE CHECK <input type="checkbox"/> RECONSTRUCTED HISTORY <input type="checkbox"/> INTERVIEW			
TO: <input type="checkbox"/>		ACTION REQUESTED <input type="checkbox"/> SPLIT INVESTIGATION <input type="checkbox"/> RESIDENCE CHECK <input type="checkbox"/> INTERVIEW (SEE REMARKS AND/OR ADDITIONAL INFORMATION)			
TO: <input type="checkbox"/>		ACTION REQUESTED <input type="checkbox"/> SPLIT INVESTIGATION <input type="checkbox"/> RESIDENCE CHECK <input type="checkbox"/> INTERVIEW (SEE REMARKS AND/OR ADDITIONAL INFORMATION)			
TO: <input type="checkbox"/>		ACTION REQUESTED <input type="checkbox"/> SPLIT INVESTIGATION <input type="checkbox"/> RESIDENCE CHECK <input type="checkbox"/> INTERVIEW (SEE REMARKS AND/OR ADDITIONAL INFORMATION)			
SUBJECT IDENTIFYING DATA					
CLASS <u>Refugee</u>		IRP CONTROL NO. <u>Frankfurt 10977</u>		FAMILY GROUP NO.	
NAME (SURNAME) <u>TREUHOFF</u> (FIRST NAME) <u>Seen</u> (MIDDLE NAME)		(NEE)		SEX <u>male</u>	
ALIASES <u>TREUHOFF</u> <u>TREUHOFF</u> <u>NOV N</u>		PRESENT NATIONALITY <u>Estonian</u>		PREVIOUS NATIONALITY <u>Estonian</u>	
DATE OF BIRTH (DAY) (MONTH) (YEAR) <u>21 February 1922</u>		PLACE OF BIRTH (CITY) (COUNTRY) <u>Tallinn Estonia</u>			
FATHER'S NAME			MOTHER'S NAME (NEE)		
SPOUSE (SURNAME) (FIRST NAME) (MIDDLE NAME) (NEE)		ACCOMPANYING SUBJECT <input type="checkbox"/> YES <input type="checkbox"/> NO			
PRESENT NATIONALITY OF SPOUSE		PREVIOUS NATIONALITY OF SPOUSE		DATE OF BIRTH	
PLACE OF BIRTH		PLACE OF BIRTH			
ACCOMPANYING MINORS					
NAME		SEX		DATE OF BIRTH	
PLACE OF BIRTH		IRP CONTROL NUMBER			
EMPLOYMENT (PAST 15 YEARS) <u>architect</u>					
RESIDENCES DURING PAST 15 YEARS (CITY AND COUNTRY DATED IN REVERSE CHRONOLOGICAL ORDER, IF U.S., INDICATE AGENCIES WITH WHOM RESIDED AND DATES)					
DATE AND PLACE OF U.S. ENTRY					
REMARKS AND/OR ADDITIONAL INFORMATION (INCLUDING APPLICANT'S AFFILIATIONS AND MILITARY SERVICE)					
SPONSOR(S) <u>Dr. William Kerkhoven, Minnesota</u>					
VOLUNTARY AGENCY <u>IRP</u>				<u>unclassified</u>	

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCES/METHODS EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2003 2005

COORDINATION WITH State